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A careful study was made of the problem of supplying a safe drinking water to river vessels. It is believed that for the passenger vessels calling regularly at the larger cities, watering stations should be arranged for, at which the vessels could obtain drinking and culinary water from the city mains direct. Such an arrangement would necessitate the extension of a pipe line down the incline to the wharf boats, suitable hose connections to the wharf boat and the vessels, and adequate storage tanks and distributing pipes aboard.¹ It would enable the tanks to be filled without handling the water, the delivery being made by means of the hose and pipe connections and the pressure in the city mains. For craft not calling regularly at ports where safe water can be conveniently obtained, treatment of river water aboard the vessel would be necessary. Distillation would probably be the most satisfactory method of treating this water to render it suitable for human consumption.

THE PUBLIC HEALTH INSTITUTES.

During the winter and spring of 1922 there were held in various cities of the country, under the auspices of State boards of health and the United States Public Health Service, sixteen public health institutes. These schools of instruction, lasting, in most cases, one week, were modeled to a considerable extent upon the Institute on Venereal Disease Control and Social Hygiene held in Washington in November, 1920. They covered, however, a much broader field. Scientific progress in all phases of public health has become so rapid that few of those who are engaged in practical work can keep pace with the many new developments. They need help from time to time in securing essential new facts and inspiration and stimulation for further individual study. The success of the institutes in bringing health officers, private practitioners, educators, heads of institutions, and others concerned into closer touch with some of the newer aspects of public health is no less, because in addition they centered general attention on the problem of public health and helped to create in the communities in which they were held, particularly among the women, active groups interested in a broad and constructive program.

The following table gives the places in which institutes were held, the dates, and the registration at each. In most cases the State board of health was in charge, but generous cooperation was rendered by a number of voluntary organizations. The University of

¹ For a fuller discussion of this matter see "Sanitary Methods for Supplying Vessels with Water for Drinking and Culinary Purposes, when Obtained from Sources Ashore," Public Health Reports, vol. 37, No. 11, Mar. 17, 1922, pp. 613-630. Reprint No. 734.

Pittsburgh, which, through Dr. Samuel R. Haythorn, assumed responsibility for the Pittsburgh institute, the School of Public Health of the University of Louisville, the University of Minnesota Medical School, and a number of local medical organizations merit special mention.

Place.	Date.	Registration.	Place.	Date.	Registration.
New Orleans, La....	Jan. 9-13.....	105	Minneapolis, Minn..	Mar. 20-25.....	142
Columbia, S. C.....	Jan. 9-14.....	418	Portland, Oreg.....	Apr. 10-15.....	180
Dallas, Tex.....	Jan. 16-21.....	285	Kansas City, Kans..	Apr. 10-15.....	478
Birmingham, Ala....	Jan. 16-20.....	252	Spokane, Wash.....	Apr. 17-22.....	140
Memphis, Tenn.....	Jan. 23-28.....	299	Newark, N. J.....	Apr. 10-15.....	589
Louisville, Ky.....	Jan. 30-Feb. 4....	365	Albany, N. Y.....	Apr. 18-21.....	137
Indianapolis, Ind....	Feb. 13-18.....	822	Hartford, Conn.....	May 1-6.....	777
Pittsburgh, Pa.....	Feb. 20-25.....	264			
Chicago, Ill.....	Mar. 13-18.....	1,001	Total.....		6,254

The total registration at the 16 institutes was 6,254, an average of nearly 400 for each institute. This figure does not include, however, all those attending, inasmuch as a considerable number failed to register. Attendance varied at the different institutes, ranging all the way from 100 to 1,000. The institute at Chicago was the largest. At Indianapolis the excellent organization of the State health activities enabled large numbers of local health officers and nurses to attend. At Hartford the New England institute, drawing from a considerable population, and being well advertised, had a large attendance. In Kentucky and Kansas the institute was combined with the annual school for health officers, and in this way a large attendance of those most interested was secured.

An attempt has been made in the following list to classify persons attending. The necessary information was not available in three of the institutes, so that the number "unclassified" is large. Particularly large attendance on the part of nurses is to be noted. Many of the physicians registered were undoubtedly local health officers.

REGISTRATION BY OCCUPATION.

Physicians.....	1,718	Judges and court officials.....	46
Nurses and social workers.....	1,907	Unclassified.....	2,169
Students.....	238		
Teachers and clergymen.....	107	Total.....	6,254
Sanitary engineers.....	69		

There was no exact uniformity in the courses given at the various institutes. However, in most cases many of the newer aspects of public health were covered. At Portland, Oreg., for example, the schedule included the following courses: Tuberculosis, child hygiene, nutrition in health and disease, management of clinics, health centers, general communicable diseases, noncommunicable diseases, industrial

hygiene, sanitary engineering, administrative problems, mental hygiene, medical social work, syphilis, gonorrhea, protective social work, and the delinquent. Of these, the courses in syphilis, gonorrhea, tuberculosis, child hygiene, and mental hygiene were most popular. When asked to name the least successful course, most of the institute directors stated that they could not do so. The courses in rural sanitation, sanitary engineering, and industrial hygiene reached the smallest number of individuals. This does not mean that these courses were unpopular, but rather that, because of their very nature, they appeal to more limited groups.

The Chicago institute was devoted entirely to social hygiene and the venereal diseases, and was especially successful. These subjects attracted large attendance throughout the institutes. That there is in all parts of the country particular interest in various phases of social hygiene had already been demonstrated by the success of the institute in Washington, D. C., November, 1920. The experience in the local institutes further confirmed this fact.

High-grade faculties were provided for all the institutes. The best local talent was supplemented, through the assistance of the Public Health Service, by a group including some of the most prominent workers in their respective fields in the country. Most members of this group participated in several of the meetings. In a number of cases they undertook the work at considerable personal sacrifice, and to their generous assistance a large part of the success of the institutes is due.

Special evening meetings on the general subject of public health were held in connection with most of the institutes. These were attended by a total of 5,731 persons. The subjects were such as to attract attendance on the part of the general public. Many of those who came to the institutes especially for instruction were only incidentally interested in these special meetings, and it was the opinion of several institute directors that at future institutes it would be best to omit them. However, in stimulating general community interest in public health, they have a value which should not be overlooked.

Clinics were provided in connection with a number of courses at most of the institutes. At the New York institute, which was held in Albany simultaneously with the meeting of the State medical society, no formal lectures were given; only a series of clinics on the venereal diseases. This institute was a marked success. Practical clinics are of great educational value to the partially trained medical man. They are particularly desirable in connection with courses in syphilis and gonorrhea, in the treatment of which no standardized practice has yet been established, and to which little attention has been paid in medical schools. However, clinics are for professional

men and women and can not be used to stimulate the interest of laymen in public health work.

Much of the success of the meetings depended on publicity. Those with the largest attendance were extensively advertised. The New England institute, for example, was announced on every envelope mailed from the office of the Connecticut State Board of Health for some months previous to the sessions. Systematic efforts to get the essential information to physicians and others interested are necessary in order to insure an attendance in keeping with the efforts expended. On the whole, newspapers were very generous with space. In several cases they reported at length the talks presented, which thus reached a much larger number than that in attendance. At one institute the period of the sessions was recognized as a health week throughout the community. Men's luncheon clubs, churches, improvement societies, and schools were provided with speakers. The National Health Exposition was held in Louisville at the same time as the Kentucky institute.

Probably one of the most successful features in connection with the institutes was the series of women's conferences.¹ These were held at Washington, D. C., St. Louis, Mo., Columbia, S. C., Birmingham, Ala., Memphis, Tenn., Louisville, Ky., Indianapolis, Ind., Pittsburgh, Pa., Kansas City, Kans., Newark, N. J. With the increased participation of women in public affairs, a considerable proportion of their potential energies will naturally be devoted to activity in the field of public health. However, in common with the general public, they need a better understanding of the various problems if they are to participate intelligently in their solution. The conferences, which were, in every instance, well attended and which succeeded in giving a more comprehensive idea of the field than one or two special lectures, contributed largely to this end. It is significant that in practically every case a group was formed at the conclusion of the conferences for more extended study.

Very generous expressions of approval have been made by those in attendance at the various institutes. In most cases there was a practically unanimous feeling that the institute should become a yearly event. In several cases definite recommendations to this effect were made voluntarily by groups officially representing those in attendance. Even in the smaller meetings it was felt that a sufficient measure of success had been achieved to justify the energies expended, and that with the publicity given this first effort, subsequent institutes would inevitably attract large numbers and even more fully justify this new undertaking.

¹ See Public Health Reports, June 2, 1922, pp. 1307-1313.

So rapid has been the progress in the field of public health in the United States that we are to-day realizing only a few of the benefits which science has already assured. The utilization of the new knowledge can be accelerated best by carrying it to the workers and to those who are doing practical field work. The institutes reached a considerable number in this group. Pending the development of more effective measures, they would seem to meet, in a measure, the need for more education on the part of the partially trained sanitarian. They would seem also to provide a method of stimulating general public interest and of giving community leaders a comprehensive view of the health problems which they are called upon to solve. The success of this first series of institutes has indicated possibilities which, it is hoped, will be even more fully realized in the future.

VACCINATION REGULATIONS OF WASHINGTON STATE BOARD OF HEALTH HELD VALID.

The following is the opinion of the Supreme Court of Washington in a case ¹ in which the vaccination regulations of the State board of health were held to be valid:

Tolman, J.: On July 27, 1921, the State board of health, proceeding regularly, adopted and promulgated the following rule and regulation:

"If smallpox exists in a community, the county or city boards of health shall provide free vaccination for persons who have no funds to procure vaccination from other sources. When smallpox exists in a community, no child, teacher, or janitor shall be permitted to attend school, or teach or labor therein, without presenting satisfactory evidence of having been successfully vaccinated within seven years from the date of the commencement of the school term: *Provided*, That should any city or county health officer, having jurisdiction over any school district in which there is a case of smallpox, be of the opinion that any pupil, teacher, or janitor, as mentioned herein, should not be vaccinated because of some physical defect or some active or latent disease, then such health officer shall refer the matter to a board of three competent, licensed, and practicing physicians, actually living within the jurisdiction of such health officer, such board to be appointed by the board of health having jurisdiction over such health officer; should a majority of such board of physicians, after a careful personal examination, be of the opinion that any such pupil, teacher, or janitor is not in condition to submit to vaccination, and that such vaccination would prove harmful to such pupil, teacher, or janitor, then such health officer shall issue a certificate to that effect, and such pupil, teacher, or janitor shall not thereafter be required to submit to such vaccination during the time specified by such board of physicians: *Provided*, That should action be referred to a board of physicians as provided herein, then such pupil, teacher, or janitor shall be prohibited from attending, teaching, or laboring in or around such school until the matter is finally determined by such board of physicians."

This regulation, ever since its adoption, has been and now is in full force and effect.

For some time prior to and at the time this action was instituted, the disease of smallpox was prevalent in various parts of the State, and particularly in the city of Olympia, which comprises school district No. 1 of Thurston County. On or about January 16, 1922, the director of public health of the State of Washington notified the county health officer of Thurston County, and the city health officer of the city of Olympia, that in his opinion, owing to the prevalence of smallpox in the public schools of the district referred to, all pupils in such schools were "contacts," or, in common parlance, possible carriers of the disease, and that because of the conditions, the regu-

¹ State ex rel. Lehman v. Partlow et al., Directors of School Dist. No. 1, Thurston County, 205 Pac. 420.